

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	NAME	ID NO.	DATE
FEES DETERMINATION	W.A.		03/29/01
O.I.P.E. CLASSIFIER		10	5-4-01
FORMALITY REVIEW	T.H.	953	05-16-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
1	✓	✓	3/29/01
2	✓	✓	3/29/01
3	✓	✓	3/29/01
4	✓	✓	3/29/01
5	✓		
6	✓	✓	3/29/01
7	✓	✓	3/29/01
8	✓	✓	3/29/01
9	✓		
10	✓	✓	3/29/01
11	✓	✓	3/29/01
12	✓	✓	3/29/01
13	✓	✓	3/29/01
14	✓	✓	3/29/01
15	✓	✓	3/29/01
16	✓		
17	✓	✓	3/29/01
18	✓	✓	3/29/01
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If more than 150 claims or 10 actions
staple additional sheet here

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C.R.S.(C)

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